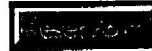


Revised 08/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

**FORM-GB**

Gift or Bequest Information received
 by a department or accepted by the
 Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Public Defense - Military Division	
Name of Department or Office 7105 NW 70th Ave.	Johnston, Iowa 50131
Mailing Address 515-252-4222	City, State, Zip Code
Area Code & Telephone No.	

2012 FEB - 7

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Duane G. Jamison	
Name 7105 NW 70th Ave, Bldg 3535	Johnston, Iowa 50131
Mailing Address (if different from above) duane.jamison@iowa.gov	City, State, Zip (if different from above) 515-252-4222
Email Address	Area Code & Telephone Number (if different from above)

AM 10:35

DONOR OF GIFT OR BEQUEST:

Flight Support	
Name	
Unknown	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

February 2, 2012	\$1,100.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Cash gift for support of the Iowa National Guard Family Assistance Program

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Duane G. Jamison affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Duane G. Jamison
 Signature

2-7-12

Date

Bank of America

Cashier's Check

No. 0092158

Write to "Remitter" in the event this check is lost, destroyed or stolen. A proper
stop payment and 90-day waiting period will be required prior to replacement. This
check should be negotiated within 90 days.

Date: FEBRUARY 02, 2012

30-1/1140
NTX

Banking Center SOUTE DES MOINES

0004030 00007 0000052158

SIGNATURE FLIGHT SUPPORT

Remitter (Purchased By)

1100.00
\$

Pay **ONE THOUSAND ONE HUNDRED DOLLARS AND 00 CENTS**

To
The Order Of **FAMILY ASSISTANCE EMERGENCY FUND**

Authorized Signature

Bank of America, N.A.
San Antonio, Texas

VOID AFTER 90 DAYS

⑈0092158⑈ ⑆114000019⑆ 001641005214⑈

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK